FORM D

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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

OTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR ÚNIFORM LIMITED OFFERING EXEMPTION

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OMB APPROVAL OMB Number: 3235-0076 Expires:

Estimated average burden hours per response.....16.00

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DATE	RECEIVED
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Name of Offering ( check if this is an amendment and name has changed, and indicate change.)	
Series B Senior Participating Convertible Preferred Stock Financing	
Filing Under (Check box(es) that apply) Rule 504 Rule 505 Rule 506 Section 4(6)	ULOE
Type of Filing. New Filing Amendment	
A, BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	
SensorTran, Inc., a Delaware corporation	07087255
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
4401 Freidrich Lane, Suite 307, Austin, Texas 78744	(512) 583-3520
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
Development and marketing of distributed fiber optic sensing systems	PROCESSED
Type of Business Organization	NW
ortporation   limited partnership, already formed   other (	please specify): W JAN 0 9 2008
business trust limited partnership, to be formed	7 //
Actual or Estimated Date of Incorporation or Organization 1 2 Actual Esti	THOMSON FINANCIAL
Actual or Estimated Date of Incorporation or Organization: 1 2	
CN for Canada, FN for other foreign jurisdiction)	
CENERAL INSTRUCTIONS	24(54

### GENERAL INSTRUCTIONS

#### Federal:

Who Must File. All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230 501 et seq. or 15 U.S.C. 77d(6)

When To File A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required. Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee. There is no federal filing fee

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### - ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

		A. BASIC IDI	STIFICATION DATA		· · · · · · · · · · · · · · · · · · ·
2 Enter the information re	quested for the fol	lowing:			
• Each promoter of t	he issuer, if the iss	uer has been organized w	ithin the past five years,		
Each beneficial ow	ner having the pow	er to vote or dispose, or dii	ect the vote or disposition	of, 10% or more of	a class of equity securities of the issuer
Each executive off	icer and director of	Corporate issuers and of	corporate general and mar	naging partners of	partnership issuers, and
Each general and n	nanaging partner o	f partnership issuers.			
Check Box(es) that Apply	Promoter	Beneficial Owner	Executive Officer	✓ Director	General and/or Managing Partner
Full Name (Last name first, t	f individual)				
Kent R. Kalar					
Business or Residence Addre 4401 Freidrich Lano, Sui		•	ode)		
Theck Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, 1	f individual)				•
David M. Hickey			***************************************		***************************************
Business or Residence Addre 1401 Freidrich Lane, Suite			ode) 		
Check Box(es) that Apply	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, 1 Mark T Donohue	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		·····
One Embarcadero Center	, Suite 4100, Sa	in Francisco, California	94111		
Check Box(es) that Apply	Promoter	Beneficial Owner	Faccutive Officer	Director	General and/or Managing Partner
Full Name (Last name first, 1	f individual)			<del> </del>	
ACK Heyworth					
Business or Residence Addre 34 Queen Anne Street, L		•	ode)		
Check Box(es) that Apply.	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Phil Longorio	f individual)				
Business or Residence Addre		•	ode)		
Check Box(es) that Apply.	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Clean Technology Fund				· · · · · · · · · · · · · · · · · · ·	
Business or Residence Addre 90 Park Avenue, Suite 1		-	nde)	<del></del>	
Check Box(es) that Apply.	Promoter	Beneficial Owner	Executive Officer	Director	General und/or Managing Partner
Full Name (Last name first, i WHEB Ventures Private		Partnership		<del></del>	
Business or Residence Addre 34 Queen Anne Street, L	ss (Number and	Street, City, State, Zip Co	ode)		
	(Use bla	nk sheet, or copy and use	additional copies of this s	heet, as necessary	)

# Continuation of Section A.2. for

## **Beneficial Owner:**

Texas ACP I, L.P. Building One, 6300 Bridgepoint Parkway Suite 220 Austin, Texas 78730

# Beneficial Owner:

Advantage Capital Community Development Fund, LLC Building One, 6300 Bridgepoint Parkway Suite 220
Austin, Texas 78730

				B. 13	NFORMATI	ON ABOU	T OFFERT	NG				
. Has the	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									Yes	No 😿	
What is the minimum investment that will be accepted from any individual?										s_300	00.000	
									Yes	No		
											R	
commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
ull Name ( VA	Last name	first, if indi	vidual)							-		-
<del> </del>	Residence	Address (N	umber and	Street, Ci	ty, State, Z	ip Code)	<del></del>		<del></del>		<del></del>	
' C A a	rainted D	oker or Dea				···		<del></del>	<del></del> ,	<del></del>		
ame of As	sociated Br	oker or Dea	ner									
		Listed Has										
(Check	"All States	" or check	individual	States)	****************	*************			·····	••••••	☐ AI	States
AL IL MT KI	AK IN NE SC	AZ (A) NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	EL MI OH WV	GA MN OK WI	MS OK WY	MO PA PR
ull Name (	Last name	first, if indi	vidual)									
Susiness of	Residence	Address (1	Number an	d Street, C	ity, State,	Zip Code)						
lame of As	sociated Br	oker or De	nler							<del></del>		- <del></del>
tates in W	nich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
		s" of check						*********	**>*******	**********	□ Al	1 States
AL	(AK)	[ĀZ]	ĀR	CA	[CO]	[cr]	DE)	[DC]	FL	GA]	<u>H</u>	
	NE SC	IA NV SD	KS NH TN	KY NJ TX	IA NM (UT)	ME NY VT	MD NC VA	MA ND WA	MI OH WV	MIN OK WI	MS OR WY	MO PA PR
ull Name (	Last name	first, if ind	ividual)								·	
Business of	Residence	: Address (1	Number an	d Street, C	ity, State	Zip Code)		<del></del>	<del></del>			<del></del>
						. ,						<del></del>
faine of As	sociated Bi	roker or De	aler									
tates in W	luch Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
(Check	"All State:	s" or check	individual	States)			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					l States
AL ()L) (MT) (RI)	AK IX XE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	OT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt \$		_ \$
	Equity	8,650,000.00	\$ 5,800,000.00
	Common Preferred		
	Convertible Securities (including warrants)		S
	Partnership Interests		
	Other (Specify)\$	=	
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE,	······································	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Аддгедаге
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	5	\$ 5,800,000.00
	Non-accredited Investors		
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of	Dollar Amount
		Security	Sold
	Rule 505		3
	Regulation A	<del></del>	. S
	Rule 504	<del></del>	\$
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		] <b>\$</b>
	Printing and Engraving Costs		] \$
	Legal Fees		§ 98,500.00
	Accounting Fees		] \$
	Engineering Fees		] \$
	Sales Commissions (specify finders' fees separately)		] \$
	Other Expenses (identify) Due Diligence	[	\$ 3,297.00
	Tank		າ ເ 101,797.00

C. OFFERING PRICE, M. MBER OF INVESTORS, EXPENSES AND USE OF PROCFEDS

	C. OFFERING PRICE, NUM	BER OF INVESTORS, EXPENSES AND USE OF P	ROCELDS	
	b. Enter the difference between the nggregate offer and total expenses furnished in response to Part C—proceeds to the issuer."	Question 4.a. This difference is the "adjusted gross		\$8,548,203.00
5.	Indicate below the amount of the adjusted gross pro each of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	ly purpose is not known, furnish an estimate and fthe payments listed must equal the adjusted gross		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees			
	Purchase of real estate	[	]\$	
	Purchase, rental or leasing and installation of mac	chinery	¬ ¢	<b>□</b> \$
	Construction or leasing of plant buildings and fac		<del></del>	_
	Acquisition of other businesses (including the val offering that may be used in exchange for the asso issuer pursuant to a merger)	ue of securities involved in this ets or securities of another		
	Repayment of indebtedness	[		
	Working capital			
	Other (specify): Redemption of Series A Senior		S 1.864,525.0	ss
			s	. [] \$
	Column Totals		Z) \$ 1,864,525.0	° 2 \$ 6,683,678 00
	Total Payments Listed (column totals added)		<b>∑</b> \$ <u>8,</u>	548,203.00
		D. FEDERAL SIGNATURE		
sig.	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-ace	rnish to the U.S. Securities and Exchange Commis	sion, upon writte	
lss	uer (Print or Type)	Signate	Date	
Se	ensorTran, Inc., a Delaware corporation	1 11.12 V /L.	12/19/07	
	me of Signer (Print or Type) nt R. Kalar	Title of Signer (Plint or Type) President and Chief Executive Officer	· · · · · · · · · · · · · · · · · · ·	

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification	Yes	No
	provisions of such rule?		Œ

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signatur Date
SensorTran, Inc., a Delaware corporation	12/19/07
Name (Print or Type)	Title (I)rint or Topo
Kent R, Kalar	President and Chief Executive Officer

### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				AP	PENDIX				
1	Intend to non-a investor	2 I to sell ccredited s in StateItem 1)	3 Type of security and aggregate offering price offered in state (Part C-Item 1)	4  Type of investor and amount purchased in State  (Part C-Item 2)					lification ate ULOE attach ation of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL	!								
AK			<u> </u>						
AZ									
AR									
СА		,							
со							<u> </u>		
СТ					<u>-</u>				
DE	·								
DC	·	 							<u> </u>
Fl.	<u> </u>	 							<u> </u>
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HI					<u> </u>				
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IA									
KS								<u> </u>	
KY									
LA				<u> </u>					
ME		<u> </u>		<u></u>	ļ - <del></del>			<u> </u>	
MD	<b>!</b>	J		<del> </del>					
MA	i. <del>Isaasaas</del>	 							<del>   </del>
MI	- - 	<u> </u>		<u> </u>		<u> </u>			
MN		<u> </u>	<del></del>					<u>  </u>	<u> </u>
MS	1								

				APP	ENDIX				
l	Intend to non-a investor	2 I to sell ccredited s in State -ltem 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО	×		Series B Senior Participating	1	\$560,000.00	0	\$0.00		×
МТ	]								
NE									
NV									
NH									
NJ									
NM									
NY	×		Series B Senior	1	\$2,500,000	0	\$0.00		×
NC					ļ				
ND									
ОН			<u>.</u>						
ОК									<u></u>
OR									
PA									
RI									
SC		, - <del></del>							
SD									
TN									
ТХ	×		Series B Senior	2	\$1,240,000	0	\$0.00		×
UT									
VT									
VA				<u> </u>					
WA		1							
WV					<u> </u>				
WI			_						

				APP	ENDIX					
1		2	3		4					
	to non-a investor	d to sell accredited as in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
WY										
PR										

**END**